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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:						
·			··			
Total Fee Calculation						
	Fee Code	Total # Claims	Number Extra X	Fee	Fcc =	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				690.0: =	690, st
Total Claims >20	203/103	-20 =	x		- -	
Independent Claims >3	202/102		<u>4</u> x		78.00	312.0
Mult. Dep Claim Present	204/104				26000 =	260,00
Surcharge	205/105	•			130,00 =	130.00
English Translation	139					
TOTAL FEE CALCULA	ATION					<u> 1392,</u> 00
Fees due upon filing d	he application:					
Total Filing Fees Due	= \$	1392.00				
Less Filing Fees Subm	nitted - \$	· · · · · · · · · · · · · · · · · · ·				
BALANCE DUE	= \$	392.00			· .	
Office of Initial Patent	ر Examination					
FORM OIPE-RAM-01 (Re	v. 12/97)	Fig	ure 7			

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 91521915 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **FOR NUMBER EXTRA** NUMBER FILED RATE FEE **RATE** FEE **BASIC FEE** 345.00 690.00 OR **TOTAL CLAIMS** minus 20= 19 X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X39 =X78= OR 312~0 MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR 260. si * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 1262,00 **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR (Column 1) **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT** RATE TIONAL **TIONAL** AFTER **PREVIOUSLY** RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE **FEE** Total Minus X\$ 9= X\$18=OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING NUMBER ADDI-PRESENT **AMENDMENT AFTER PREVIOUSLY** RATE TIONAL **EXTRA RATE** TIONAL **AMENDMENT** PAID FOR **FEE** FEE Total Minus X\$ 9= X\$18= OR Independent Minus = X39= X78= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +130= +260= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL OR ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number